



Express Mail Mailing Label No. EL956539073US

TRANSMITTAL FORM

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TECH CENTER 1600/2900

Application Serial Number	09/256,156
Filing Date	February 24, 1999
First Named Inventor	Gillies
Group Art Unit	1646
Examiner Name	J. F. Murphy
Attorney Docket No.	LEX-003
BATCH NO. (after allowance)	Not applicable
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

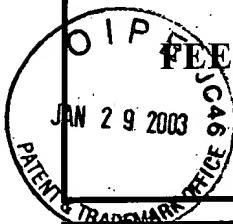
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Check Attached	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Amendment and Response	<input type="checkbox"/> Associate Power of Attorney	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Preliminary	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input type="checkbox"/> After Final	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input type="checkbox"/> CD(s) for large table or computer program	
<input checked="" type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Certificate of Correction	
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certificate of Correction (in duplicate)	
<input type="checkbox"/> Copies of IDS Citations		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission		
<input type="checkbox"/> Paper Copy/CD		
<input type="checkbox"/> Computer Readable Copy		
<input type="checkbox"/> Statement verifying identity of above		

CORRESPONDENCE ADDRESS		SIGNATURE BLOCK
Direct all correspondence to:	Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	<p>Respectfully submitted,</p> <p> Patrick R.H. Waller Attorney for Applicant Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110</p>

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1-30-03

Express Mail Mailer Label No. EL956539073US

1646/4



Complete if Known	
Application Serial Number	09/256,156
Filing Date	February 24, 1999
First Named Inventor	Gillies
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METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Large Entity	Small Entity		
3. <input type="checkbox"/> Applicant claims small entity status.		Fee (\$)	Fee (\$)		
FEE CALCULATION					
1. FILING FEE					
Large Entity		Fee Paid			
Fee (\$)	Fee Description				
750	Utility filing fee				
330	Design filing fee				
160	Provisional filing fee				
Number Filed	Number Extra	Rate	Amount		
Total Claims	- 20 =	x \$ 18.00 =			
Independent Claims	- 3 =	x \$ 84.00 =			
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$280.00 =			
TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (1) (\$ 0.00)					
2. AMENDMENT CLAIM FEES					
Claims Remaining	Highest No. Previously	Present Extra	Rate	Fee Paid	SUBTOTAL (3) (\$ 930.00)
After Amend.	Paid For				
Total 13	- 44 =	0	x \$ 18.00 =	0.00	SUBTOTAL (1) 0.00
Indep. 3	- 4 =	0	x \$ 84.00 =	0.00	SUBTOTAL (2) 0.00
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$280.00 =		SUBTOTAL (3) 930.00
TOTAL: SMALL ENTITY DISCOUNT: SUBTOTAL (2)		(\$ 0.00)			TOTAL (\$ 930.00)
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK			
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		<p>Respectfully submitted, <i>Pat R.H. Waller</i> Patrick R.H. Waller Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower-125 High Street Boston, MA 02110</p>			